



Criminal Background Check Release Form

Applicant Name:	Last:	First:
Maiden Name:		Date of Birth:
SSN:		Drivers License #:
Current Address:		
List all counties of residence in past 7 yrs:		

PRE-APPOINTMENT RELEASE AUTHORIZATION

THE CITY OF BIG SANDY Police Department will conduct a Criminal Background Check prior to appointment to a board or committee. Please answer the following questions & sign as indicated below:

1. Have you been convicted of any crime in the past seven years? Yes No
 If yes, please explain: _____

2. Have you received Deferred Adjudication for any crime in the past 7 years? Yes No
 If yes, please explain: _____

Signature: _____ Date: _____

I expressly authorize any person associated with any Law Enforcement Agency (Federal, State, or Local,) or any person who has knowledge of my criminal records, to release information to The CITY OF BIG SANDY and release their employees or agents from any liability and any person providing the requested information from any damage whatsoever resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold CITY OF BIG SANDY, their employees or agents responsible for error or inaccuracies in the acquisition of transmittal of information pertaining to the verification of my background.

Signature: _____ Date: _____
 Witness: _____ Date: _____

For City Use Only

Date Received:		Received By:	
Background Check Performed on:		Background Check Performed by:	